

Peer Support in Primary and Behavioral Health Care Integration

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“The mission of ASPIN is to provide innovative educational programs, resource management, program development, and network management in collaboration with all healthcare entities to address health disparities.”



Presentation Goals

- To gain awareness of the Indiana Certified Recovery Specialist Program
- To understand how the Certified Recovery Specialist fits the definition of Community Health Worker
- To share current research into the unique value of CRS work
- To understand the parallel directions of CRS and CHW



INDIANA'S CRS PROGRAM

CRS Program Introduction

- Began in 2009
- Funded by Indiana Division of Mental Health and Addiction
- Affiliated Service Providers of Indiana, Inc. (ASPIN) became the designated agency to develop and administer the **Certified Recovery Specialist Program**
- Partnered with NAMI and the Supported Employment Consultation and Training Center

What Is the Purpose?

- To develop a skilled workforce of consumers who will help others to recover
- To provide an added piece to a recovery-oriented continuum
- To demonstrate that people with mental illness and/or addiction can and do recover

What do Peer Services provide?

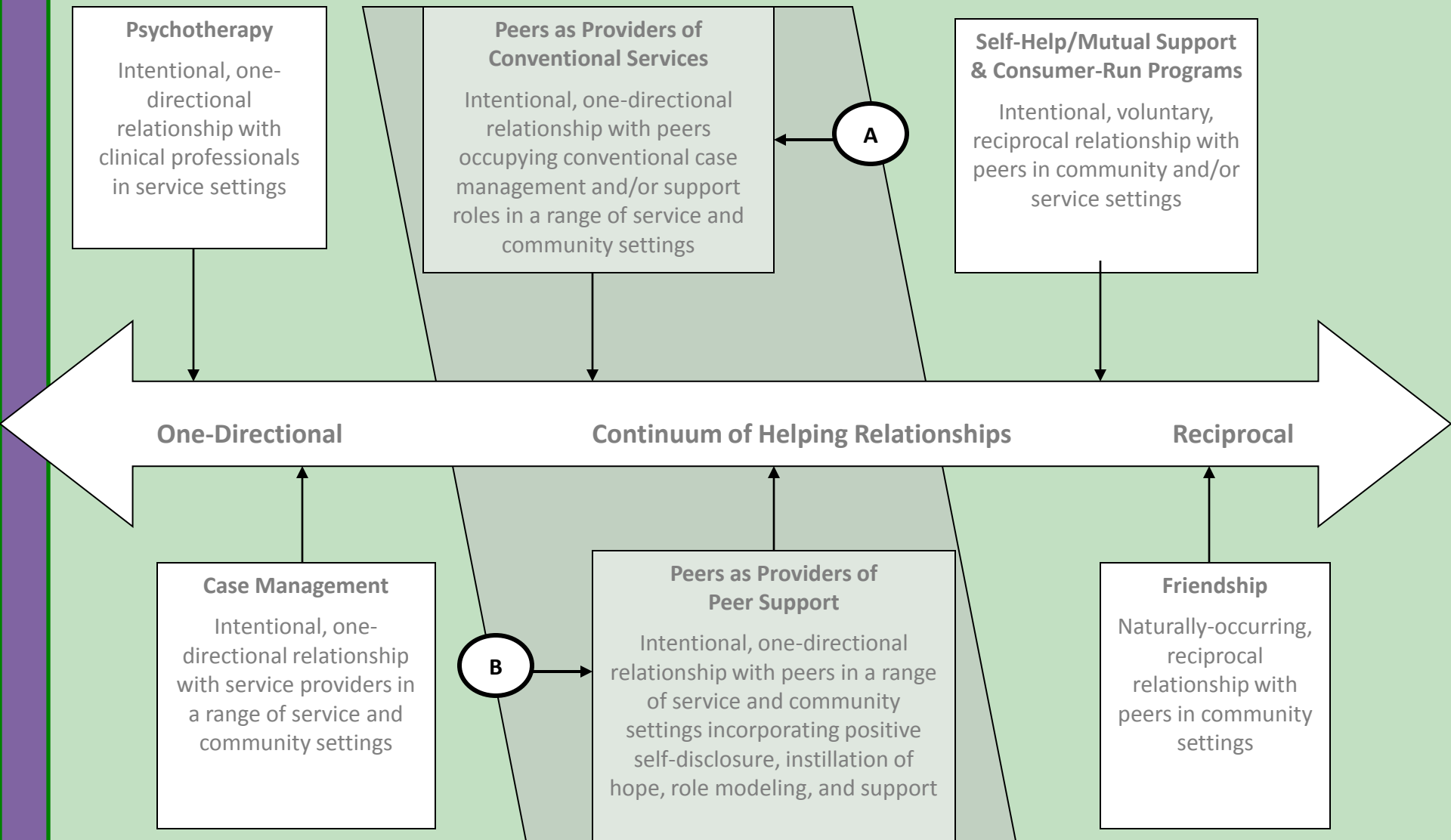
- Education and promotion of recovery
- Assistance in development of self-care plans (WRAP, PAD)
- Mentoring activities aimed at increasing active participation in person-centered planning and delivery of individualized services
- Support for day-to-day problem solving related to normalization and reintegration into the community

Peers Contribute by...

- ✓ Creating supportive relationships
- ✓ Being fully present
- ✓ Validating strengths
- ✓ Knowing that the person in recovery is the expert on his/her own recovery
- ✓ Respecting boundaries
- ✓ Building hope and confidence
- ✓ Helping others to identify goals
- ✓ Assisting in navigation of systems and services
- ✓ Helping organizations and systems to implement recovery-based services



A Continuum of Helping Relationships



Hope, Hope, Hope, Hope!!!!

“I think the biggest thing we bring to others is a sense of hope. Without hope, there can be no recovery, generally speaking. We represent that hope that others can indeed take the journey of recovery. We give that hope by the stories we have of our own journey of recovery and how we got to the point that we are functioning so well that we can hold the CRS position. We help clients to understand that step by step, they can get better and as we meet with them week after week, we bring encouragement each and every time that they are making progress.”

To sum it up

- Peer Support Specialists are able to promote recovery; enhance hope and social networking through role modeling and activation; and supplement existing treatment with education, empowerment, and aid in system navigation (Chinman, et al., 2006)

Medicaid Reimbursement

- The services that CRSs provide are reimbursed through Indiana Medicaid Rehab Option funding at a rate of \$8.55 per fifteen minutes
- This only applies to CRSs employed in community mental health centers
- Services must fall within a defined scope

The Scope of Work for MRO Reimbursement

- Must be under supervision of a licensed professional or QBHP
- Must provide individual services to adult consumers
- Must be delivered face-to-face
- Services must be identified in IICP and correspond to treatment goals
- Must be authorized by the consumer



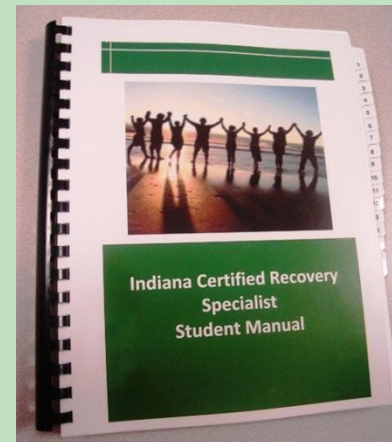
CRS TRAINING PROCESS

CRS Eligibility Requirements

- Resident of Indiana
- Over the age of 18
- Completed a minimum of high school or a GED Program
- Must self-identify as having a mental health diagnosis
 - Must complete **Treatment Verification Form** with CRS Training Application
www.certifiedrecoveryspecialist.org

CRS Training

- Training spans five consecutive days: Monday-Friday, 9:00AM – 4:30PM.
- The training curriculum includes 20 modules. A trainee may only miss two training modules.
- No support for meals, transportation, or hotel is provided.
- No cost to the participants.



Indiana's Certified Recovery Specialist Training Program

- Instructors complete Train-the-Trainer course
- 5 modules taught by consumer contracted staff
- Supportive elements include tutoring calls, practice test opportunities, one test re-take, open book but time limited test
- Technology deliberately included

Training Modules

1	1	Welcome and Overview of Program
2	1	The Recovery Environment - Evidence -based Practice, Pres. Report on MH
3	1	Psychosocial Rehabilitation and Recovery
4	1	The Impact of Diagnosis on Self -Image
5	2	Role of Peer Support in Recovery
6	2	Facilitating Recovery Dialogues
7	2	Cultural Competence
8	2	Communication Skills
9	3	The Power of Negative Messages & Self Talk
10	3	Building Your Recovery Story
11	3	Issues of Dual Diagnosis and Recovery
12	3	Tobacco and Treatment
13	4	Medication Appointments and Personal Power
14	4	Psychiatric Advance Directives
15	4	Creating a WRAP plan
16	4	Cumulative Practice
17	5	Managing Conflict
18	5	Creating the Life I Want
19	5	Telling Your Recovery Story
20	5	Final Reflections, Next Steps

Testing / Certification Requirements

- After completing training, students have two weeks to complete the CRS Final Exam accessed via the CRS eLearning System.
- 2 Tutoring Calls are made available to students following the training to assist in preparation for the CRS Final Exam.
- The test consists of 40 multiple choice, true or false questions and two essay questions.
- Students must have a combined total score of 80% to pass.
- Students have access to all training modules and a practice test in the CRS eLearning system.
- Students may make two attempts. The highest score is retained for each section.

Specialty Endorsements (CRS-G & CRS-SA)

- Two specialty endorsement trainings in **substance abuse** and **gambling** were established in Year Three.
- An **additional online module and test** are required along with a fee of \$50 per endorsement attempt.
- Persons only in recovery from gambling or SA may be funded through the Indiana Problem Gambling Awareness Program or the Access to Recovery Program. Must still pass the basic course and additional module. Must provide verification of peer status.
- Currently used to train ATR Recovery Coaches, VA Peers, Gambling Outreach Staff

Continuing Education Credits

- Every CRS must earn a minimum of **14 Continuing Education Credits** annually to maintain CRS certification.
- Documentation is collected annually; all certificates are dated July 1 and extend through June 30.

Are CRSs Community Health Workers?



YES!

- Do not provide clinical care
- Most do not hold another license
- Experiential knowledge is key to success
- Intense involvement in relationship building
- Relate as peers
- Achieve what others cannot

Meet Carman

EVIDENCE



Are Peer Services Effective?

“Peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders. CMS recognizes that the experiences of peer support providers, as consumers of mental health and substance use services, can be an important component in a State’s delivery of effective treatment .”

- The Center for Medicaid Services, 2007

Empirical Evidence to Date

- First generation studies showed that it was feasible to hire people in recovery to serve as mental health staff
- Second generation studies showed that peer staff could generate equivalent outcomes to non-peer staff in similar roles
- Third generation studies are investigating whether or not there are unique contributions that peer support can make

- The Substance Abuse Mental Health Service Administration (SAMHSA), a division of HHS, identifies peer support and consumer operated services as **evidence based practices**.
- The Institute of Medicine has emphasized the importance of peer support and peer delivered services in its landmark report ***Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series***.
<http://www.iom.edu/Reports/2005/Improving-the-Quality-of-Health-Care-for-Mental-and-Substance-Use-Conditions-Quality-Chasm-Series.aspx>
- The Annapolis Coalition on the Behavioral Healthcare Workforce has identified peer delivered services as one of its **areas of emphasis to transform the behavioral health workforce and prepare for anticipated workforce shortages in the face of healthcare modernization**. <http://www.annapoliscoalition.org/pages/>

Recovery Innovations in Arizona

Recovery Innovations offers Peer Advocacy Services through peer specialist to persons in the hospital.

Their focus on recovery planning and recovery-oriented discharge plans has produced significant improvements:

- 36% reduction in seclusions
- 48% reduction in restraints
- 56% reduction in hospital readmission rates

• Source: <http://www.recoveryinnovations.org/pdf/RIA%20Programs%20and%20Outcomes.pdf>

Increase in Adherence and other Positive Outcomes

- A wide range of research shows that using trained peers leads to improvement in psychiatric symptoms and decreased hospitalization (Galanter, 1998; Kennedy, 1990; Kurtz 1988).
- In studies of persons dually diagnosed with serious mental illness and substance abuse, peer-led interventions were found to significantly reduce substance abuse, mental illness symptoms and crisis (Magura, Laudet, Rosenblum & Knight, 2002).

Other Positive Outcomes

Dr. John Rush, primary researcher on the NIMH STAR*D depression study (2004) evaluated over 1000 members participating in peer run programs through the Depression Bipolar Support alliance...

- 95% of those surveyed reported peer support helped them improve communication with their doctor.

More from the study...

- 97% of those surveyed described their groups as helping with being motivated to follow instructions, and being more willing to take medication and cope with side effects.
- Those participating for more than a year were less likely to have been hospitalized in that same period.

Other Positive Outcomes

- Those who participate in peer delivered services build larger social support networks (Carpinello, Knight & Janis, 1991; Rappaport, Seidman, Paul, McFadden, Reischl, Roberts, Salem, Stein & Zimmerman, 1985).
- They also demonstrate enhanced self-esteem and social functioning (Markowitz, DeMassi, Knight & Solka, 1996; Kaufman, Schulberg, & Schooler, 1994).

But wait, there is more!

- Peer-delivered peer service participants showed greater levels of independence, empowerment & self-esteem.
- Over 60% indicated increased development of social supports.

-Van Tosh & del Vecchio, 2000

Are Peer Services Cost Effective?



“It’s not—like you might think—that you don’t have the money to offer recovery support services, but rather that you don’t have the money **not** to offer them.”

-- Keith Humphreys

CRS Instead of Day Treatment

2006 study completed by the Georgia Department of Behavioral Health and Developmental Disabilities

- Compared outcomes for consumers using peer support and those using normal services in day treatment (the control group)
- Consumers were randomly assigned to each group.

(Fricks, 2007)

CRS Instead of Day Treatment

Consumers using the CRS supports showed improvement compared to the control group in each of three outcomes over an average of 260 days between assessments in all three areas:

- 1. Reduction of current symptoms/behaviors**
- 2. Increase in skills/abilities**
- 3. Ability to access resources/ and meet their own goals**

(Fricks, 2007)

CRS Instead of Day Treatment

What about the cost?

In this study:

- Peer support costs the state an average of \$997 per consumer per year.
- Day Treatment costs the state an average of \$6491 per consumer per year.

This study demonstrated an annual cost savings of \$5494 per consumer per year.

(Fricks, 2007)

New York State Peer Bridgers

- The follow-up re-hospitalization rate of Matches (*consumers*) while enrolled in the Peer Bridger Project was significantly less than the baseline re-hospitalization rate (i.e. the 2-year period prior to enrollment).
- During the 2-year baseline period, the Matches were hospitalized an average of 60% of the time; while enrolled in the program they were re-hospitalized only 19% of the time.
- **That is an improvement of 41%!**

-National Health Data Systems, December 1998

Peer Bridgers

More recent data from 2008 shows that of 176 consumers using the Peer Bridgers, **125 were not re-hospitalized.**

This means that **71%** of the people served by Peer Bridgers **were able to stay out of the hospital during that year!**

- <http://www.nyaprs.org/peer-services/peer-bridger/>

Where is the peer field headed?



A concern for all of us

- ***People with serious mental illnesses are now dying at least 25 years earlier than the general population.***
 - 88% of the deaths and 83% of premature years of life lost in people with serious mental illness are due to “natural causes:”
 - Cardiovascular disease
 - Diabetes
 - Respiratory diseases
 - Infectious diseases
- Increased morbidity and mortality are largely due to treatable medical conditions that are caused by modifiable risk factors such as smoking, obesity, substance abuse, and inadequate access to medical care.

(NASMHPD, 2006)

View 2011 Pillars of Peer Support

WHAM Model

- Whole Health Action Management
- Assists persons in recovery to set and work on personal health goals
- Pilot training of 27 Indiana CRSs this past August

Health Care Reform

- Focus on health care homes (including person-centered care and shared decision-making)
- Inclusion of patient navigators (“community members who are trained in strategies to connect individuals to care, to help them overcome barriers to receiving care, and to assist them in various other ways through their course of treatment”)

Behavioral Activation

- Helping people prepare for health care visits and ask questions
- Identifying and setting health-related goals
- Planning specific action steps to achieve goals
- Encouraging exercise and good nutrition
- Assisting in daily management tasks and problem-solving
- Providing social and emotional support and feedback

Outcomes

- Increased rates of engagement and retention
- Improved trust and communication between patients and health care providers
- Improved adherence and self-care
- Improved quality of life

Things to ponder....

- What would be the impact of CRSs delivering whole health peer services to persons in recovery from mental illness and/or addiction?
- What would be the impact on the community health worker workforce of inclusion of CRSs?
- How can we work together?

Questions or Comments?

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